

NORTH STONINGTON RECREATION COMMISSION

Child Medical Information

PLEASE PRINT:

CHILD'S NAME _____ DOB _____ AGE _____ CURRENT GRADE _____

ADDRESS _____ HOME PHONE _____

MOTHER' NAME _____ HOME PHONE _____

FATHER'S NAME _____ HOME PHONE _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Full Name _____ Relationship _____ Phone _____

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Person Responsible for Child's Transportation:

Name _____ Telephone _____

Local Physician's Name _____ Telephone _____

Hospital Preference: L&M _____ Westerly _____ Backus _____

List Any Allergies, Medical Restrictions Or Existing Medical Conditions and all Medications Your Child is Currently Taking

I hereby certify that my child is in excellent health, and he/she may participate in strenuous physical activities. I further certify that there are no limits to his/her participation except as stated in writing and included on this form. I understand that if he/she has an allergy that needs immediate medical attention, I must be present at all times and responsible for his/her treatment. In case of an accident or injury, I hereby authorize the North Stonington Recreation Commission's (NSRC's) agent to call me or the above-mentioned emergency contact persons. If the NSRC's agent is unable to reach either person, I hereby authorize the NSRC's agent to call the physician indicated above and to follow their instructions. If it is impossible to contact this physician, the agent of the NSRC may make whatever arrangements that seem necessary for my child's medical care. I have read and I do understand what I am about to sign.

Signature of Parent of Legal Guardian _____ Date _____

PROGRAM	DATES	TIME	FEE

Shirt Size, if applicable to Program. **Circle Choice** Youth Medium (10-12) Youth Large (14-16)

Adult Small Medium Large Extra Large

Please mail to NSRC, 40 Main Street, North Stonington, CT 06359, or leave in the "REC" mailbox at Holly Green Office